



## 2016 Legislative Session

The 2016 legislative session began Wednesday, February 3, and ends on Wednesday, May 4 at midnight. This session is a “short” session which occurs in the second year of the biennium in even-numbered years. Any changes to the FY17 budget will go into effect July 1, 2016 and be in effect through June 30, 2017.

### **The Governor’s Budget and Appropriations Committee Hearings**

The Governor’s proposed changes to the FY17 budget were released on opening day of the session. The Office of Early Childhood is reviewing the proposed budget reductions to the agency. The Appropriations Committee schedules public hearings on the Governor’s proposed budget a week or two after the budget has been released. Each section of the Governor’s budget has a public hearing typically scheduled to begin at 5:30 p.m. in Room 2C of the Legislative Office Building. This is a key opportunity for members of the public to testify on the state budget. Earlier in the day, state agency

commissioners present their budget before the Appropriations Committee and are available to answer questions from committee members. The OEC budget will be heard on February 16.

The Appropriations Committee reviews the Governor’s proposed budget and then releases its own proposed by the end of March. Budget negotiations between Legislative Leadership, the Governor’s Office, and the Office of Policy and Management, then take place with the goal to reach agreement on a final budget. Once an agreement has been made, the House and Senate must vote on the budget and the Governor must sign the bill for it to become law.

### **Contact**

If you have questions about the legislative process, please call or email Maggie Adair, Director of Government and Community Relations: 860-713-6413 (w), 860-878-8936 (c), or [maggie.adair@ct.gov](mailto:maggie.adair@ct.gov).

## Birth to Three’s Annual Data Report Available

The Fiscal Year 2015 annual data report to the Governor and General Assembly about the activities of the Connecticut Birth to Three System is now available. Each year the system is required to submit this report and has chosen to do this while informing the reader about the joys and challenges shared by families and providers. This year the report focuses on a family with two children, one of whom has Down syndrome. Throughout the report are pictures of Finn and his family and their experiences presented in their own words.

The Birth to Three System supported over 10,000 families last year with home visits by professionals from 33 contracted programs, in collaboration with many community partners including child care and medical providers and other state agencies. Data on the number of children served by town is included in the report.

You may access this year’s report at:  
<http://www.birthe23.org/files/ADR/AnnualReportFY15.pdf>

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## A Picky Eater Expands His Palate Thanks to Family Engagement

OEC's Preschool Development Grant (PDG) provides high-quality pre-kindergarten experiences for eligible 4-year-olds, giving priority in enrollment to children who are homeless, dual language learners or in foster care. PDG classrooms are inclusive and ensure that children with Individualized Education Plans (IEPs) participate as well. Among many other high-quality components in PDG classrooms, there is an emphasis on developing the mutually respectful trusting relationships necessary for families and preschool staff to fully engage around children's learning. Research shows that children's learning outcomes are significantly enhanced when this kind of family engagement is present. Nutrition services, including nutritious meals and snack options aligned with requirements of the Child and Adult Care Food Program, are also integral to the comprehensive services funded by PDG.

The story below highlights the positive impact of family engagement and comprehensive services on one little boy's PDG experience - not to mention the social emotional development that occurs when children enjoy meals family-style, interacting with their peers and teachers.

One of our PDG programs has begun participating in the Child and Adult Food Program (CAFP) which is providing exciting learning opportunities for the children as well as the exposure to new food choices. The mom of one of the little boys in this program was extremely concerned about whether her picky eater, whose daily lunch choice was Spaghettios, would adapt to the new foods. As a result of her concerns, she was resistant to his participation in the program. The program director engaged with the mom in many discussions regarding the new program and its efficacy for this little boy. The director was committed to interacting with this parent to alleviate her fears about her child potentially going hungry and feeling deprived of his typical food choices.

One day, during this somewhat stressful period - stressful, that is, for the mom and director, not necessarily for the little boy - the mom came to the director to share conversations she had been having with family members regarding her child's limited food choices. Her family, specifically her father, encouraged her to embrace this new program as a way to encourage her little son to explore new foods and perhaps integrate those new foods into his preferred foods list, under the watchful eyes of the CAFP nutritionist and the preschool staff. The mom thanked the program director for her patience in the many conversations about the new food program and expressed her commitment to letting the program work for her child. Now she is one of the program's strongest supporters!

## Role of Early Care and Education Providers and the Fight to Prevent Childhood Obesity

In October, Commissioner Myra Jones-Taylor had the privilege of reviewing five journal articles and writing an article for [Childhood Obesity](#) on the role early care and education providers play in fighting childhood obesity. We often see early care and education providers as having an impact on a child's learning and development, but all too often we forget about the impact providers can have on a child's physical health and well-being. We can make a difference in preventing childhood obesity by teaching children at a young age the importance of making healthy food choices and healthy eating, training providers about the fundamentals of nutrition and engaging families so children can continue their healthy eating habits at home.

The article above about family engagement is a perfect example of how vital it is to engage families in fostering healthy eating habits. By being patient and working with the mother, the provider was able to expand the little boy's diet beyond Spaghettios, opening him up to healthier food choices that will hopefully continue as he grows older.

Preventing childhood obesity is not just a task for parents and pediatricians. It requires smart policy and the education of not just children, but of providers and families as well. You can read the article here:

<http://online.liebertpub.com/doi/full/10.1089/chi.2015.0156?src=recsys>.

## Supplementary CT ELDS Documents to Be Released in 2016

Look for supplementary documents related to the CT ELDS to be released in the coming months. There are five documents in the *Supporting All Children Using the CT ELDS* series. These documents will be available online.

- *A Guide to the Domains and Strands:* Includes descriptions of the domains and strands as well as strategies for supporting children's growth and development across the strands in the CT ELDS.
- *Building Meaningful Curriculum:* Includes guidance around curriculum development and/or implementation, with a self-assessment tool that can be use for program improvement efforts.
- *Meeting the Needs of Diverse Learners:* Guidance on ensuring that all children experience access and meaningful participation in learning experiences related to the CT ELDS.
- *Meeting the Needs of Dual Language Learners:* Guidance on using the CT ELDS with children who are learning more than one language.
- *A Guide for Families:* Ideas for supporting children's early learning and development across the age bands represented in the CT ELDS, as well as information as general strategies and information about and why standards are important.



## Child Care Licensing Revising Protocol to Help Prevent Lead Poisoning

The Division of Licensing has a long-standing working relationship with the Department of Public Health's Lead Poisoning Prevention and Control Program on helping to prevent lead poisoning. Collaboratively, a protocol for child care licensing staff when inspecting child care facilities in buildings built before 1979 to help identify and address lead paint was developed and implemented in 2008. When applying for licensure, child care centers in facilities built before 1979 are required to conduct a full-comprehensive lead inspection and perform any required follow-up. A licensed family child care provider is not required to have a full comprehensive lead inspection, unless elevated lead is identified at the home (usually through test results of paint chip samples taken by licensing staff when peeling paint is observed). Samples are only taken by licensing staff when peeling paint is observed.

Over the last several months, the child care licensing supervisors, along with a representative from the Department of Public Health's Lead Poisoning Prevention and Control Program, met several times to review and revise the existing protocol. The goal is to clearly articulate and document lead safe practices and requirements and provide an in-depth training for all staff on the updated protocol. The updated protocol is expected to be completed in early 2016.

# MIECHV Program Passes All Federal Benchmarks

The Family Support Services Division is excited to share that the Maternal, Infant & Early Childhood Home Visiting (MIECHV) Program successfully passed all six of the federal benchmark areas for 2015. The "benchmark areas" are federally mandated data collection measures grouped into 6 topic areas: maternal and newborn health, child injuries and maltreatment, school readiness, domestic violence, economic self-sufficiency, and service coordination. The designation of "passing" means that improvement was demonstrated from last year to this year, as measured by the specific constructs under each benchmark topic. This accomplishment is attributed to significant efforts made by the staff at the MIECHV-funded program sites, as well as to efforts made by the Family Support Services (FSS) team over the past few months to support them in this endeavor.

To celebrate the program's achievement, FSS held a Benchmark Fair and Celebration at CRT in Hartford on December 7th. Program staff from across the state shared their best practices in meeting the benchmark measures, both in terms of home visiting service delivery and data collection. Awards were presented to recognize those agencies that achieved the most improvement across measures, as well as to recognize the tremendous effort and improvement that was achieved statewide.



## Awards

### First Place:

- City of Bridgeport Board of Education (NFN Program)
- InterCommunity, Inc. (Child First Program)
- TEAM, Inc. (Early Head Start, Home-Based Program)
- United Community & Family Services (Child First Program)

### Second Place:

- East Shore District Health Department (NFN Program)
- Family & Children's Aid (Child First Program)
- Generations Family Health Center, Inc. (NFN Program)
- Optimus Health Care, Inc. (NFN Program)
- The Village for Children & Families, Inc. (Child First Program)
- Wheeler Clinic (Child First Program)

### Effort Award:

- Bridgeport Hospital Foundation, Inc. (NFN Program)
- CHH Center for Youth & Families (Child First Program)
- Child and Family Guidance Center, Inc. (NFN Program)
- Child Guidance Clinic for Central CT, Inc. (Child First Program)
- Community Health Center, Inc. (NFN Program)
- Education Connection, Inc. (NFN Program)
- Family Development Center (NFN Program)
- First Choice Health Centers, Inc. (NFN Program)
- Madonna Place, Inc. (NFN Program)
- Parent and Child Resource Center (Child First Program)
- The Hospital of Central Connecticut (NFN Program)
- The Village for Families & Children, Inc. (NFN Program)
- VNA of Southeastern CT, Inc. (Nurse-Family Partnership Program)



## Statewide Safe Sleep Campaign Launches

The Connecticut departments of Children and Families, Public Health, Mental Health and Addiction Services, Office of Early Childhood, and the Office of the Child Advocate along with the Connecticut Hospital Association, Day Kimball Hospital, Yale New Haven Health Systems and Casey Family Programs have launched a statewide campaign promoting safe sleep environments for infants. The campaign will distribute information to parents of newborns discharged from the hospital through a variety of means including door hangers, posters, booklets and a microsite informing parents and families about safe sleep.

In April 2014, the Office of the Child Advocate issued [data from 2001-2013](#) reporting that the number of Connecticut infants who died where unsafe sleep conditions were present was almost three times the number of infants who died of child abuse. The public health alert also stated that infants in Connecticut are more likely to die from unsafe sleeping conditions than from child abuse, car accidents, choking, drowning, falls or any other form of accidental injury.

Infant fatality risk factors include:

- Sleeping in adult beds with adults and other children;
- Sleeping in beds with comforters, blankets and duvets;
- Sleeping on couches or chairs when caregivers sleep holding them;
- Sleeping in cribs with stuffed animals, blankets, toys and other items;
- Overdressing/overheating baby; and
- Propping bottles.

In an effort to prevent infant deaths related to unsafe sleep environments, legislators passed a bill last year requiring hospitals to provide parents of newborns with written informational materials containing the American Academy of Pediatrics' recommendations concerning safe sleep practices at the time of the infant's discharge from the hospital.

The campaign materials were developed based on recommendations from the American Academy of Pediatrics and were focus-group tested with Connecticut parents, pediatricians and home visitors. Materials are available online at [www.ctoec.org/safe-sleep](http://www.ctoec.org/safe-sleep) and through home visiting providers, federally qualified health centers, Family Resource Centers, Healthy Start program sites, and birthing hospitals throughout the state.

## Preparing for Youth Camp Season

This time of year, most people look to Ground Hog Day with hopeful anticipation that the ground hog will predict an early spring and an ending to dark days, dreary weather, and that four letter word "S-N-O-W." The Division of Licensing's Youth Camp Unit also hopes for this, but are also busy preparing for the youth camp season.

The Youth Camp Unit is comprised of Valerie L. Bryan, R.N. Supervising Nurse Consultant; Gayle Pagoni, R.N., Nurse Consultant; Jerry Mandigo, Health Program Associate; and Susan Todd-Scott, License and Applications Analyst. Ten temporary workers round out the team.

Our work is very fast-paced, beginning with visits to camps that are new to Connecticut, have changed their location, have changed ownership or have not operated in the prior year. Those visits are made before the camp is opened as announced visits. In 2015, there were 79 preliminary (announced) inspections conducted. During the operational dates of the camp, an unannounced visit is conducted to each licensed camp. In 2015, there were 547 annual unannounced inspections conducted.

Because some camps operate for as few as four days and others for as long as 10 weeks, each of the inspectors juggles their assignments so they get to each camp while in operation. Many travel 1500 - 2000 miles in a month.

As with the Child Care Licensing unit, the Youth Camp Unit's responsibility is to look at the Youth Camp regulations (19-13-B27a) and determine whether the camp is in compliance. The goal is for each camper is to have a fun experience while making sure that the minimum standards of the regulations are met assuring the health and safety of the campers and staff. Additionally our unit works with the Connecticut Camping Association and the Youth Camp Advisory Safety Council to offer technical assistance and encourage understanding and compliance.

In an effort to gain increased consistency in our regulatory work, the Youth Camp Unit meets each week to review experiences so a decision can be made on how to handle the situation if it happens again. Each of the inspectors shares their story and it is discussed with the group. All week long inspectors are looking for the "perfect story." An example would be a sports camp located in a bubble dome that blew across I-91 during a storm while the inspector was there and the Governor arrived. No one was injured but that was the story of the week!

If you want to learn more about the Youth Camp Unit, visit our website at [www.ct.gov/oec/camps](http://www.ct.gov/oec/camps).

## Saying Goodbye to Karen Foley-Schain and Diana Lejardi

Effective January 29, 2016, Karen Foley-Schain, Division Director for the OEC's Division of Family Support Services, retired from state service. Karen spent the last nineteen years in state service as the Executive Director of the Children's Trust Fund championing the efforts to prevent child abuse and neglect in Connecticut. Through her vision and leadership there has been tremendous growth in the field of home visiting and other family support services benefitting thousands of children and families. She has taken research findings and put them into practice, always forward-looking and purposefully directing the growth of prevention services. Some of her contributions to the development in the field include areas such as maternal depression and father-focused services. Karen will be sorely missed in the agency and throughout the home visiting community.

In addition, Diana Lejardi, Director of Communications, will be leaving the Office of Early Childhood and joining the Department of Mental Health and Addiction Services. Diana spent the last two years with the OEC and was instrumental in the branding, establishment of the agency's web and social media presence and the orchestrating of many media events and stories highlighting the agency's important work. We wish her all the best in her new position!

## Division of Early Intervention Combines with Division of Family Support Services

*Message from Lynn Johnson, Division Director of Family Support*

I am pleased to announce a change in the table of organization for the Office of Early Childhood that will align the work of the Birth to Three System to support families with the work of the OEC's Family Support Division. The Family Support Division oversees numerous contracts and programs such as Help Me Grow, Nurturing Families, Triple P, Family School Connection, Family Empowerment Initiatives and the Maternal Infant Early Childhood Home Visiting Grant (MIECHV) programs, just to name a few. The staff also support and provide training on the Ages & Stages Questionnaires, TouchPoints, and Family Development Training for frontline workers and leaders. Along with a strong research base they are involved with numerous other initiatives that support families.

Since joining the OEC, Birth to Three has been the sole program in the Division of Early Intervention, so when Karen Foley-Schain announced her retirement as the Division Director with the Family Support Services Division as of February 1, 2016, it was inevitable that there would be change. Karen has been a driving force in Connecticut for almost 20 years championing the efforts to prevent child abuse and neglect in Connecticut and she will be greatly missed. Planning for this change prompted a look at why supports to families were in two silos within the agency. The idea of combining the two divisions just made sense as Commissioner Jones-Taylor stated in an email to OEC staff, "this shift will enable the agency to fully integrate the services our families rely on, and is also a wonderful opportunity for cross-training among our family support workforce. It also better aligns resources within the Office of Early Childhood, expands opportunities for mutual learning by staff in both programs to the benefit of all families in CT as it will establish connections, and promoted communication and collaboration."

I spent the last two weeks of January meeting with Karen, her staff and community stakeholders and, from what I have learned so far, I anticipate this closer relationship between these OEC programs will broaden and enhance everyone's work to support families of young children in Connecticut.



Connecticut Office of  
Early Childhood

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